

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


05 NOV 23 PM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/23/05--01021--018 **367.50

REINSTATEMENT

03-05

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 131219			
1. Corporation Name Meeting Professionals International - South Florida Chapter, Inc.			
2. Principal Office Address 5850 S.W. 53rd Terrace		3. Mailing Office Address 5850 S.W. 53rd Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33155-6336	Country USA	Zip 33155-6336	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/26/95	
5. FEI Number 237256168	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Shawn Lavoie		
Street Address (P.O. Box Number is Not Acceptable) 3576 Hudson Lane		
Suite, Apt. #, Etc.		
City Boynton Beach	State FL	Zip Code 33436

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Shawn Lavoie

REGISTERED AGENT MUST SIGN

Date

10/21/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Lauren Halpern	2700 Glades Circle, #117	Weston, FL 33327
T	Shawn Lavoie	3576 Hudson Lane	Boynton Beach, FL 33436
S	Patricia Dobosz	9964 S.W. 1st Court	Coral Springs, FL 33071
VP	Joe Doyle	2050 Spectrum Blvd.	Ft. Lauderdale, FL 33309
VP	Antoine Dupont	100 East Linton Blvd. #121B	Delray Beach, FL 33483
VP	Jeff Bishop	224 N.E. 32nd Court	Oakland Park, FL 33334

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i); F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Shawn Lavoie Shawn Lavoie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/05

Daytime Phone #

561-649-5395